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10 Bud Minton  
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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

BUD MINTON,

CASE NO. C08-01941

Plaintiff,

PROOF OF SERVICE  
SUMMONS IN A CIVIL ACTION

vs.

DELOITTE AND TOUCHE USA LLP PLAN,

Defendant,

METROPOLITAN LIFE INSURANCE  
COMPANY,

Real Party in Interest.

I declare under penalty of perjury that I mailed the summons and complaint in this case on April 16<sup>th</sup>, 2008 by certified mail with a requested return receipt in accordance with CCP 415.40.

Attached are the executed return receipts as addressed to each defendant.

Dated: April 28, 2008

  
Susan A. Pope - Legal Assistant

**SENDER: COMPLETE THIS SECTION**

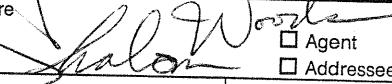
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DELOITTE & TOUCHE LLP PLAN  
 1633 BROADWAY  
 NY, NY 10019-6754

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/28/08

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

MINUTEMAN

2ACPRI-03-Z-0985

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

METROPOLITAN LIFE INS. CO.  
ONE MADISON AVE.  
NEW YORK, NY 10010

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

MINTON Domestic Return Receipt

2ACPRI-03-Z-098

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

F Green

 Agent  
 Addressee

B. Received by (Printed Name)

F Green

C. Date of Delivery

4/22/08

D. Is delivery address different from item 1?  Yes  
if YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes